## STATE OF NEBRASKA

## ATHLETIC COMMISSION

	PHYSICIAN	CLUB LICENSE	PERMIT TO CONDUCT EVENT	BOND	DEATH BENEFIT	MEDICAL INS	SECURITY & POLICE	FIRE INSP	OCCUPANCY PERMIT	AMB &EMT VERIFICATION
ſ	21 DAYS	30 DAYS	21 DAYS	30 DAYS	21 DAYS	21 DAYS	14 DAYS	14 DAYS	21 DAYS	14 DAYS

CONTESTANTS NAME 14 DAYS PRIOR TO EVENT	DOB ****	MMA ID # *****	PASSPORT PHOTO	BLOOD TEST RESULTS	ANNUAL PHYSICAL	EYE EXAM	PRO CONTRACTS	OTHER MEDICAL TEST RESULTS
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This checklist is designed to assist you in keeping track of completed, required items. Yellow highlighted area is for amateur events only. The number of days highlighted in each column are the minimum number of days that the item must be completed and on file in the Athletic Commission Office. Any extensions must be approved in writing by the Athletic Commissioner. \*\*\*\*\*\*The contestants DOB and National ID# must be submitted to the office to be checked thru the National data base.

Revised 1/2009